

**Fill in this information to identify the case:**

Debtor name Famulus Health, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of S. C.  
(State)

Case number (If known): 24-02019-eg

☐ Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 3,679,312.86

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 3,679,312.86

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 0.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

**+** \$ 62,013,508.03

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ 62,013,508.03

## Fill in this information to identify the case:

Debtor name Famulus Health, LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of S.C.  
(State)Case number (If known): 24-02019-eg☐ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

## 2. Cash on hand

\$ \_\_\_\_\_

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Bank of America</u>	<u>Checking</u>	<u>3825</u>	\$ <u>97,840.09</u>
3.2. <u>Bank of America</u>	<u>Checking</u>	<u>5266</u>	\$ <u>27,507.85</u>

## 4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 125,347.94**Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

## Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

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Name

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24-02019-eg

Desc Main

## Description, including name of holder of prepayment

8.2. Prepaid Other - Sage Intacct, Cisco, NCPDP and Wolters Kluwer	\$	36,367.92
--------------------------------------------------------------------	----	-----------

Add lines 7 through 8. Copy the total to line 81.

\$	93,419.34
----	-----------

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

## 11. Accounts receivable

11b. Over 90 days old: \_\_\_\_\_ – \_\_\_\_\_ = ..... ➔ \$ \_\_\_\_\_  
face amount                      doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 909,662.98

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \$

14.2. \$

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1.	%	\$

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$

16.2. \$

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$

Debtor

Famulus Health, LLC  
Name**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials		\$		\$
20. Work in progress		\$		\$
21. Finished goods, including goods held for resale		\$		\$
22. Other inventory or supplies		\$		\$
<b>23. Total of Part 5</b> Add lines 19 through 22. Copy the total to line 84.				\$

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

Debtor

Famulus Health, LLC  
Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No  
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
_____	\$ _____	_____	\$ _____
40. <b>Office fixtures</b>			
_____	\$ _____	_____	\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
_____	\$ _____	_____	\$ _____
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ \_\_\_\_\_

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

Debtor

Famulus Health, LLC  
Name

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ _____
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b>			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>53. Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor

Famulus Health, LLC  
Name**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites famulushealth.com	\$ _____	_____	\$ unknown
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property Capitalized software costs	\$ 1,543,788.60	Cost method	\$ 1,543,788.60
65. Goodwill _____	\$ _____	_____	\$ _____

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 1,543,788.60

Debtor

Famulus Health, LLC  
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes



Debtor

Name  
Famulus Health, LLC

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 125,347.94	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 93,419.34	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 1,916,756.98	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		\$
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 1,543,788.60	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$	
91. <b>Total.</b> Add lines 80 through 90 for each column.....91a.	\$ 3,679,312.86	+ 91b. \$
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		\$ 3,679,312.86

## Fill in this information to identify the case:

Debtor name Famulus Health, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of S.C.  
 (State)  
 Case number (If known): 24-02019-eg

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1

Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.2

Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ \_\_\_\_\_

page 1 of 3

Debtor

Famulus Health, LLC  
Name

Case number (if known)

24-02019-eg

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p><b>2. Creditor's name</b></p> <p>_____</p> <p><b>Creditor's mailing address</b></p> <p>_____</p> <p>_____</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____</p> <p>_____ \$ _____ \$ _____</p> <p><b>Describe the lien</b></p> <p>_____</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
<p><b>2. Creditor's name</b></p> <p>_____</p> <p><b>Creditor's mailing address</b></p> <p>_____</p> <p>_____</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____</p> <p>_____ \$ _____ \$ _____</p> <p><b>Describe the lien</b></p> <p>_____</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>



## Fill in this information to identify the case:

Debtor Famulus Health, LLC.

United States Bankruptcy Court for the: \_\_\_\_\_ District of S.C.  
(State)

Case number 24-02019-eg  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Total claim

Priority amount

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> Avizva 1818 Library Street, Suite 440 Reston, Virginia 20190  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 1,411,790.02 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.2	<b>Nonpriority creditor's name and mailing address</b> Change Healthcare PO Box 572490 Murray, UT 84157-2490  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 861,892.10 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.3	<b>Nonpriority creditor's name and mailing address</b> Cludhesive 2419 E. Commercial Blvd Suite 300 Fort Lauderdale, FL 33308  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 426,777.08 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.4	<b>Nonpriority creditor's name and mailing address</b> Goodroot, LLC 10 Front St Collinsville, CT 06019  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 605,000.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> GoodRX, Inc. 2701 Olympic Blvd., West Building Suite 200 Santa Monica, CA 90404-4183  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 56,000,000.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> Michelle Frank 10 Front St Collinsville, CT 06019  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 306,575.79 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address MJSJH and Associates, LLC 4 High Ponds Lane Bluffton, SC 29910  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 2,400,000.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Noventech 450 E. 22nd Street, Suite 140 Lombard, IL 60148  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 1,473.31 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Relay Health 1564 N.E. Expressway Atlanta, GA 30329-2010  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 240,690.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
4.0	Nonpriority creditor's name and mailing address Sanjay Ellanki 10826 Sundrift Dr Tampa, FL 33647  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 2,720.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
4.	Nonpriority creditor's name and mailing address _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes



**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
- If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Weil Gotshal & Manges LLP Attn: David J. Lender 767 Fifth Avenue, New York, NY 10153	Line 3.5 <input type="checkbox"/> Not listed. Explain _____	____
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____

**Part 3:****Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$

5b. Total claims from Part 2

5b.

+

\$

62,013,508.03

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c

\$

62,013,508.03

Fill in this information to identify the case:		
Debtor name	Famulus Health, LLC	
United States Bankruptcy Court for the:	District of	S.C.
	(State)	
Case number (If known):	24-02019-eg	Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

### 1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement
	State the term remaining	Avizva LLC
	List the contract number of any government contract	1818 Library Street, Suite 440 Reston VA, 20190
2.2	State what the contract or lease is for and the nature of the debtor's interest	Non-Disclosure Agreement
	State the term remaining	Avizva LLC
	List the contract number of any government contract	1818 Library Street, Suite 440 Reston VA, 20190
2.3	State what the contract or lease is for and the nature of the debtor's interest	Program Sponsor Agreement
	State the term remaining	Buzz Affect LLC
	List the contract number of any government contract	1 E Broward Blvd, Suite 300W Fort Lauderdale, FL 33301
2.4	State what the contract or lease is for and the nature of the debtor's interest	Master Relationship Agreement
	State the term remaining	Change Care Solutions, LLC
	List the contract number of any government contract	100 Airpark Center Drive E. Nashville, TN 37217-3055
2.5	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement
	State the term remaining	CloudHesive LLC
	List the contract number of any government contract	2419 E. Commercial Blvd Ste 300, Fort Lauderdale, FL 33308

Debtor Famulus Health, LLC Case number (if known) 24-02019-eg  
Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Master Services Agreement</u></p> <p>State the term remaining _____</p> <p>List the contract number of any government contract <u>No Expiration</u></p>	<p><u>CVS Pharmacy, Inc.</u></p> <p><u>Attn: Director, Payer Relations One CVS Drive</u></p> <p><u>Woonsocket, RI 02895</u></p> <p><u>CVS Pharmacy, Inc.</u></p> <p><u>Attn: Legal Department</u></p> <p><u>One CVS Drive, Woonsocket, RI 02895</u></p> <p><u>Prime Therapeutics, LLC</u></p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Master Services Agreement</u></p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p><u>CVS Pharmacy, Inc.</u></p> <p><u>Attn: Legal Department</u></p> <p><u>One CVS Drive</u></p> <p><u>Woonsocket, RI 02895</u></p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Prescription Savings Program Marketing and Distribution Agreement</u></p> <p>State the term remaining <u>6 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Elixir Savings, LLC</u></p> <p><u>2181 E. Aurora Rd., Suite 201</u></p> <p><u>Twinsburg, OH 44087</u></p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Business Associates Agreement</u></p> <p>State the term remaining <u>6 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Elixir Savings, LLC</u></p> <p><u>2181 E. Aurora Rd., Suite 201</u></p> <p><u>Twinsburg, OH 44087</u></p>
3.0	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Agreement</u></p> <p>State the term remaining <u>2 years</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Glic Health LLC</u></p> <p><u>One Marina Park Drive, Suite 1410 Boston, MA</u></p> <p><u>02210</u></p>
3.1	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Confidentiality and Non-Disclosure Agreement</u></p> <p>State the term remaining <u>2 years</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Glic Health LLC</u></p> <p><u>One Marina Park Drive, Suite 1410 Boston, MA</u></p> <p><u>02210</u></p>

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

3.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Services Agreement</p>	<p>Hippo Technologies LLC</p> <p>340 Royal Poinciana Way</p> <p>Suite 317-313</p> <p>Palm Beach FL 33480</p>
	<p>State the term remaining</p> <p>2 years</p>	
	<p>List the contract number of any government contract</p>	
3.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Second Amended and Restated Master Services Agreement</p>	<p>Inside Rx, LLC</p> <p>Attn: Legal Department</p> <p>One Express Way</p> <p>St. Louis, MO 63121</p>
	<p>State the term remaining</p> <p>1 year</p>	
	<p>List the contract number of any government contract</p>	<p>Express Scripts, Inc.</p>
3.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MSC Master Administrative Services Agreement</p>	<p>Medical Security Card Company, LLC</p> <p>350 S. Williams Blvd., Tucson, AZ 85711</p> <p>Attn: MSC Compliance and Contracting</p>
	<p>State the term remaining</p> <p>Expired</p>	
	<p>List the contract number of any government contract</p>	
3.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement</p>	<p>MILO Health</p> <p>105 Stevens Ave</p> <p>Suite 604, Mount Vernon, NY 10550</p>
	<p>State the term remaining</p> <p>Expired</p>	
	<p>List the contract number of any government contract</p>	
3.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Pharmacy Consumer Discount Services Agreement</p>	<p>Navitus Health Solutions, LLC</p> <p>361 Integrity Dr., Madison, WI 53717</p>
	<p>State the term remaining</p> <p>4 months</p>	
	<p>List the contract number of any government contract</p>	
3.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement</p>	<p>NDCHealth Corporation d/b/a RelayHealth</p> <p>1564 N.E. Expressway, Atlanta, Georgia 30329-2010</p>
	<p>State the term remaining</p> <p>4 months</p>	
	<p>List the contract number of any government contract</p>	
3.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Services Agreement</p>	<p>Neighborhood Health Plan of Rhode Island</p> <p>910 Douglas Pike Smithfield, RI 02917</p>
	<p>State the term remaining</p> <p>No Expiration</p>	
	<p>List the contract number of any government contract</p>	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
3.9	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Business Associate Agreement</u></p> <p>State the term remaining <u>No Expiration</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Neighborhood Health Plan of Rhode Island</u></p> <p><u>910 Douglas Pike Smithfield, RI 02917</u></p>
4.0	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Consumer Savings Card Services Agreement</u></p> <p>State the term remaining <u>3 years</u></p> <p>List the contract number of any government contract _____</p>	<p><u>OptumRx Discount Services, LLC</u></p> <p><u>1600 McConnor Parkway</u></p> <p><u>Schaumburg, IL 60173-6801</u></p>
4.1	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Program Services Agreement</u></p> <p>State the term remaining <u>1 year</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Paramount Rx LLC</u></p> <p><u>2054 Kildaire Farm Rd., #403 Cary, North Carolina 27518</u></p> <p><u>Famulus Purchasing Group LLC</u></p>
4.2	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Agreement</u></p> <p>State the term remaining <u>18 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Phoenix Benefits Management</u></p> <p><u>410 Peachtree Parkway, Building 400, Suite 4225</u></p> <p><u>Cumming, GA 30041</u></p>
4.3	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Reseller Agreement</u></p> <p>State the term remaining <u>3 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Prescription Card Compare LLC</u></p> <p><u>3900 Darbyshire Dr., Hilliard, OH 43026</u></p>
4.4	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Master Services Agreement</u></p> <p>State the term remaining <u>3 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Prime Therapeutics, LLC</u></p> <p><u>2900 Ames Crossing Road, Eagan, MN 55121</u></p>
4.5	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Technology Services Agreement</u></p> <p>State the term remaining <u>6 months</u></p> <p>List the contract number of any government contract _____</p>	<p><u>Red Sail Technologies, LLC</u></p> <p><u>201 West St. John Street, Spartanburg, SC 29306</u></p>

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

4.6	State what the contract or lease is for and the nature of the debtor's interest	Agreement 9 months	Summa Script LLC d/b/a Savings SeekerRx 1564 Northeast Parkway, Atlanta, GA 30329
	State the term remaining		
	List the contract number of any government contract		
4.7	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement 2 years	Tower Administrators LLC d/b/a RxSense Administrators 99 High Street, Boston, MA 02110
	State the term remaining		
	List the contract number of any government contract		
4.8	State what the contract or lease is for and the nature of the debtor's interest	Statutory Marketing Agreement Expired	Tower Administrators LLC d/b/a SingleCare Administrators 99 High Street, Boston, MA 02110
	State the term remaining		
	List the contract number of any government contract		
4.9	State what the contract or lease is for and the nature of the debtor's interest	Agreement 1 month	United Networks of America, Inc. 34851 Emerald Coast Parkway, Suite 150 Destin, FL 32541
	State the term remaining		
	List the contract number of any government contract		
5.0	State what the contract or lease is for and the nature of the debtor's interest	Agreement 1 month	WellDyneRx, LLC 500 Eagles Landing Dr. Lakeland, FL 33810
	State the term remaining		
	List the contract number of any government contract		
5.1	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
5.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		



**Fill in this information to identify the case:**

Debtor name Famulus Health, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of S.C.  
(State)

Case number (If known): 24-11020-eg

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor**

**Column 2: Creditor**

**Name**

**Mailing address**

**Name**

*Check all schedules that apply:*

2.1	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.2	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.3	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.4	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

page 1 of 1

Fill in this information to identify the case and this filing:

Debtor Name Famulus Health, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of S. C.  
State)

Case number (if known): 24-02019-eg

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/1

5

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)

☒ *Schedule H: Codebtors* (Official Form 206H)

☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)

☐ Amended Schedule \_\_\_\_\_

☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)

☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/17/2024  
MM/DD/YYYY

x Michael Szwajkos

Signature of individual signing on behalf of debtor

Michael Szwajkos

Printed name

Manager

Position or relationship to debtor

